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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Ser. No. 10/637,606

Filed Aug. 8, 2003

Inventor Hector J. Herrera

On Medication Security Apparatus and Method

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Art Unit 3763

Examiner Manuel Mandez

AMENDMENT

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment responds on January 3, 2005, the first business day following the weekend holiday on January 1, 2005, to the Office Action dated October 1, 2004 in the referenced patent application, and makes certain formal amendments in the specification and the claims. Otherwise it traverses the rejections of the claims for the reasons pointed out in the Remarks and requests reconsideration of the rejections and allowance of the claims.

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PTO/SB/21 (09-04)

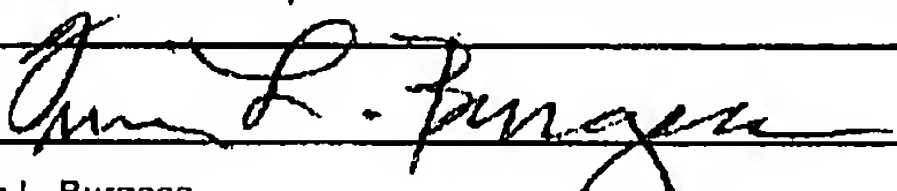
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/637,606	
	Filing Date	08/08/2003	
	First Named Inventor	Hector J. Herrera	
	Art Unit	3783	
	Examiner Name	Mendez, Manuel A.	
Total Number of Pages in This Submission	12	Attorney Docket Number	HJF.01US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Tim L. Burgess, P.C.	
Signature		
Printed name	Tim L. Burgess	
Date	January 3, 2005	Reg. No. 24391

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